## Form provided courtesy of Lokken & Associates

## Law Firm Letterhead

## **Attorneys at Law**

Address, Phone, etc.

Date

Assistant Attorney General P.O. Box 140833 160 East 300 South, 6<sup>th</sup> Floor Salt Lake City, UT 84114-0833

re: NAME Children

Dear,

A review of this file indicates that I have not been provided with an updated service plan for my client **CLIENT**. The previous service plan expired on \_\_\_\_\_\_\_. Please provide the service plan as soon as possible.

Sincerely,

Attorney Firm